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UTILITY	Attorney Docket No.			20599.0002	3
PATENT APPLICATION	First Inventor Ron		Ron	Ronald Chi-Chun Hui	
TRANSMITTAL	Title			JEUE ARCHITECTURE FOR SUPPORTING PER FLOW ND MULTIPLE PORTS	039

(Only for new nonprovisional applications	under 37 C.F.R. 1.53(b))	Express Mail Label No.						
APPLICATION See MPEP chapter 600 concerning utility pa		ADDRESS TO	: Box Patent	Commissioner for Patents Application				
1. Fee Transmittal Form (e.g., (Submit an original and a duplicate fo.) 2. Applicant claims small entity See 37 CFR 1.27. 3. Specification (preferred arrangement set forth - Descriptive title of the Inventior - Cross Reference to Related Ap - Statement Regarding Fed spor - Reference to sequence listing.	PTO/SB/17) If fee processing) status. [Total Pages 29] below) plications sored R & D	Computer Pr 8. Nucleotide and/o (if applicable, all a.	Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies					
or a computer program listing a - Background of the Invention		ACCOMP	ACCOMPANYING APPLICATIONS PARTS					
Brief Summary of the Invention Brief Description of the Drawing Detailed Description		10. 37 C.F.R.§						
Claim(s)Abstract of the Disclosure				ment (if applicable)				
4. Drawing(s) (35 U.S.C.113) 5. Oath or Declaration	•	-	Disclosure (IDS)/PTO-14	Copies of IDS Citations				
or in an Application Data Sheet under 37 Continuation Divisional Prior application information:	on (37 CFR 1.63 (d)) al with Box 18 completed TOR(S) eleting inventor(s) , see 37 CFR 7 CFR 1.76 ck appropriate box, and sup CFR 1.76: Continuation-in-paramer	13. Preliminary 14. Return Rec (Should be) 15. Certified Cr (if foreign 16. Nonpublica (b)(2)(B)(i) or its equiv 17. Other: oply the requisite information art (CIP) of p	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: The requisite information below and in a preliminary amendment, (CIP) of prior application No:/ Group / Art Unit:/					
For CONTINUATION or DIVISIONAL APPS under Box 5b, is considered a part of the The incorporation <u>can only</u> be relied upo	disclosure of the accompa	nying or divisional applica	ation and is here	eby incorporated by reference.				
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Suite 300	<u></u>							
City Washington	State	D.C.	Zip Code 20007-5116					
Country US	Telephone	202 424-7500 Fax 202 295-8478						
Name (Print/Type) Robert C. I		Registration No. (Attorn	Registration No. (Attorney/Agent) 41,488					
Signature	2		Date	October 20, 2003				



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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 375

Complete if Known					
Application Number	TBD				
Filing Date	October 20, 2003				
First Named Inventor	Ronald Chi-Chun Hui				
Examiner Name	TBD				
Group / Art Unit	TBD				
Attorney Docket No.	20599.0002				

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)						
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Check Credit card Money Other None Order			Large	Entity	Small	Entity						
☐ Depos	sit Accou	nt:					Fee	Fee	Fee	Fee	Fee Description	Fee Paid
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Numbe	er						1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Depos	iit						1053	130	1053	130	Non-English specification	
Accour		Swidler Be	edin Sh	ereff Friedman,	LLP		1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Comr		r is autho	rizod :	to: (check all	that apply)		1804	920	1804	920*	Requesting publication of SIR prior to Examiner action	
☑ Charge	e fee(s) ir	ndicated be	elow (🛛 Ćredit any	overpayments ency of this app		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
				xcept for the	filing fee		1251	110	2251	55	Extension for reply within first month	
to the abov	ve-identi			-			1252	410	2252	205	Extension for reply within second	
		FE	E CAL	CULATION							month	
1. BA	SIC FILI	NG FEE					1253	930	2253	465	Extension for reply within third month	
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		ode (\$)	: <u>re</u>	e Descriptio		e Paid	1255	1,970	2255	985	Extension for reply within fifth month	
1001 7	750 20	001 375	5 Ut	tility filing fee	37	5	1401	320	2401	160	Notice of Appeal	
1002 3	330 20	002 165	5 De	esign filing fee			1402	320	2402	160	Filing a brief in support of an appeal	
1003 5	520 20	003 260		ant filing fee			1403	280	2403	140	Request for oral hearing	
		004 375	5 Re	eissue filing fe			1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 1	160 20	005 80	Pr	ovisional fillin	g fee		1452	110	2452	55	Petition to revive – unavoidable	
·		SUBT	OTAL (1)	(\$)	375	1453	1,300	2453	650	Petition to revive – unintentional	
							1501	1,300	2501	650	Utility issue fee (or reissue)	
2. EXTRA	CLAIM	FEES					1502	470	2502	235	Design issue fee	
					ee from elow	Fee Paid	1503	630	2503	315	Plant issue fee	
Total Claims	16	-20 **	= [9 = [0	1460	130	1460	130	Petitions to the Commissioner	
Independent		=	_				1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims	2	-3 "	= [c	`x	42 =	0	1806	180	1806	180	Submission of Information Disclosure Stmt	
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descri	ption		1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202	18	2202	9	Claims in e	cess of 20		1810	750	2810	375	For each additional invention to be	
1201	84	2201	42	Independer	nt claims in exce	ess of 3					examined (37 CFR § 1.129(b))	
1203	280	2203	140	Multiple de	oendent claim, i	f not paid	1801	750	2801	375	Request for Continued Examination (RCE)	
1204	84	2204	42	** Reissue i original pate	ndependent cla ent	ims over	1802	900	1802	900	Request for expedited examination	
1205	18	2205	9	** Reissue	claims in excess	s of 20 and					of a design application	
over original patent					Other fee (specify)							
			SUB	STOTAL (2)	(\$) 0							
					*Reduc	ed by Ba	sic Filin	Fee Pa	aid SUBTOTAL (3) (\$) 0			
**or numb	ber previ	ously paid,	if grea	ater, For Reis	sues, see abo	ve						

SUBMITTED BY		C	Complete (if applicable)			
Name (Print/Type)	Robert C. Bertin	Registration No. Attorney/Agent)	41,488	Telephone	202-424-7872	
Signature	MM			Date	October 20, 2003	

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